

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013327	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/15/2016
NAME OF PROVIDER OR SUPPLIER APERION ESTATES PERU, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 KITTYHAWK DRIVE PERU, IN 46970		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN00185221 completed on November 24, 2015.</p> <p>Survey date: January 15, 2016.</p> <p>Facility number: 013327 Provider number: 013327 AIM number: N/A</p> <p>Residential census: 27</p> <p>Sample: 3</p> <p>Aperion Estates Peru, LLC was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Complaint IN00185221.</p> <p>Quality Review completed by 14454 on January 20, 2016.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE